

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>KX</i>	<i>70591</i>	<i>9/10</i>
O.I.P.E. CLASSIFIER			<i>10 9-14-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>6 46 74</i>	<i>10-24</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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